

Contact Telephone Number 937- 4521284 Reimbursement Form Number WE POTS FY2005**BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER**

	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	FCC Form 471 Application Number (10 digits) (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (10 digits) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service (14.2 digits max.)	Discount Amount Billed to USAC (14.2 digits max.)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (12) or Column (13), but not both Columns		14.2 digits allows for dollars and cents	
1	480009	1326625		7/1/2005		\$6,934.81	\$4,160.89
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8							
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10							
11							
12							
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (8)							\$4,160.89

Page 2 of 4

FCC Form 472

April 2007

BILLED ENTITY APPLICANT Reimbursement Form471 Billed Entity Name WEST ELKTON ELEMENTARY SCHOOL471 Billed Entity Number 49558Contact Name Mollie HanselReimbursement Form Number WE POTS FY2005**Block 3: Billed Entity Certification**

I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.

- B. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

16. Signature of authorized person Signed electronically by DALE ROBERTSON	17. Date
18. Printed name of authorized person DALE ROBERTSON	
19. Title or position of authorized person SUPERINTENDENT	
20. Telephone number of authorized person 937- 4521284	
21. Address of authorized person 124 BLOOMFIELD ST, CAMDEN OH 45311	

BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Name WEST ELKTON ELEMENTARY SCHOOL

471 Billed Entity Number 49558

Contact Name Mollie Hansel

Reimbursement Form Number WE POTS FY2005

Block 4: Service Provider Acknowledgment

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.

22. Signature of authorized person (fax, copy or original signature)	23. Date
24. Printed name of authorized person	
25. Title or position of authorized person	
26. Telephone number of authorized person -	
27. Address of authorized person	

A paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR Form
P.O. Box 7026
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLD Forms
ATTN: SLD BEAR Form 472
3833 Greenway Drive
Lawrence, KS 66046
Phone: 1-888-203-8100

FCC Form 472 (**Electronic Invoice:
Incomplete**)
USAC Assigned Invoice # (**1371528**)

Do not write in this space.

Approval by OMB
3060 - 0856
Estimated time per Response: 1.5 hours

Universal Service for Schools and Libraries

Please read instructions before
completing.

(To be completed by schools, libraries,
or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERF, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

BLOCK 1: HEADER INFORMATION

1. 471 Billed Entity Name	WEST ELKTON ELEMENTARY SCHOOL
2. 471 Billed Entity Number	49558
3. Service Provider Identification Number (SPIN)	143004791
4. Contact Name	Mollie Hansel
5. Contact Telephone Number	937- 4521284 ext
6. Reimbursement Form Number	WE POTS FY2006
7. Reimbursement Date to USAC	9/7/2010
8. Total Reimbursement Amount (total of Block 2, Item 15 - 14.2 digits maximum)	\$4,230.89

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

471 Billed Entity Name WEST ELKTON ELEMENTARY SCHOOL 471 Billed Entity Number 49558 Contact Name Mollie Hansel

Contact Telephone Number 937- 4521284 Reimbursement Form Number WE POTS FY2006**BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER**

	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	FCC Form 471 Application Number (10 digits) (from Funding Commitment Decision Letter)	Funding Request Number (FRN) (10 digits) (from Funding Commitment Decision Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service (14.2 digits max.)	Discount Amount Billed to USAC (14.2 digits max.)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (12) or Column (13), but not both Columns		14.2 digits allows for dollars and cents	
1	535311	1480717		7/1/2006		\$7,051.49	\$4,230.89
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11							
12							
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (8)							\$4,230.89

Page 2 of 4

FCC Form 472

April 2007

BILLED ENTITY APPLICANT Reimbursement Form471 Billed Entity Name WEST ELKTON ELEMENTARY SCHOOL471 Billed Entity Number 49558Contact Name Mollie HanselReimbursement Form Number WE POTS FY2006**Block 3: Billed Entity Certification**

I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.

- B. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

16. Signature of authorized person **Signed electronically by DALE ROBERTSON**

17. Date

18. Printed name of authorized person **DALE ROBERTSON**

19. Title or position of authorized person **SUPERINTENDENT**

20. Telephone number of authorized person **937- 4521284**

21. Address of authorized person **124 BLOOMFIELD ST, CAMDEN OH 45311**

BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Name WEST ELKTON ELEMENTARY SCHOOL

471 Billed Entity Number 49558

Contact Name Mollie Hansel

Reimbursement Form Number WE POTS FY2006

Block 4: Service Provider Acknowledgment

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23. Date

24. Printed name of authorized person

25. Title or position of authorized person

26. Telephone number of authorized person -

27. Address of authorized person

A paper copy of this Form (pages 1-4) should be mailed to:

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Phone: 1-888-203-8100

FCC Form 472 (**Electronic Invoice:
Incomplete**)
USAC Assigned Invoice # (**1371529**)

Do not write in this space.

Approval by OMB
3060 - 0856
Estimated time per Response: 1.5 hours

Universal Service for Schools and Libraries

Please read instructions before
completing.

(To be completed by schools, libraries,
or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

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BLOCK 1: HEADER INFORMATION

1. 471 Billed Entity Name	WEST ELKTON ELEMENTARY SCHOOL
2. 471 Billed Entity Number	49558
3. Service Provider Identification Number (SPIN)	143004791
4. Contact Name	Mollie Hansel
5. Contact Telephone Number	937- 4521284 ext
6. Reimbursement Form Number	WE POTS FY2007
7. Reimbursement Date to USAC	9/7/2010
8. Total Reimbursement Amount (total of Block 2, Item 15 - 14.2 digits maximum)	\$5,029.27

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

471 Billed Entity Name _ WEST ELKTON ELEMENTARY SCHOOL _ 471 Billed Entity Number _ 49558 _ Contact Name _ Mollie Hansel _

Contact Telephone Number 937- 4521284 Reimbursement Form Number WE POTS FY2007**BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER**

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			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (12) or Column (13), but not both Columns		14.2 digits allows for dollars and cents	
1	576795	1608844		7/1/2007		\$7,184.67	\$5,029.27
2							
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12							
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (8)							\$5,029.27

Page 2 of 4

FCC Form 472

April 2007

BILLED ENTITY APPLICANT Reimbursement Form471 Billed Entity Name WEST ELKTON ELEMENTARY SCHOOL471 Billed Entity Number 49558Contact Name Mollie HanselReimbursement Form Number WE POTS FY2007**Block 3: Billed Entity Certification**

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- B. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
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18. Printed name of authorized person DALE ROBERTSON	
19. Title or position of authorized person SUPERINTENDENT	
20. Telephone number of authorized person 937- 4521284	
21. Address of authorized person 124 BLOOMFIELD ST, CAMDEN OH 45311	

BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Name WEST ELKTON ELEMENTARY SCHOOL

471 Billed Entity Number 49558

Contact Name Mollie Hansel

Reimbursement Form Number WE POTS FY2007

Block 4: Service Provider Acknowledgment

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23. Date

24. Printed name of authorized person

25. Title or position of authorized person

26. Telephone number of authorized person -

27. Address of authorized person

A paper copy of this Form (pages 1-4) should be mailed to:

SLD BEAR Form
P.O. Box 7026
Lawrence, KS 66044-7026

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SLD Forms
ATTN: SLD BEAR Form 472
3833 Greenway Drive
Lawrence, KS 66046
Phone: 1-888-203-8100

[Need Help?](#) [Print Preview](#)**Form 486****Receipt of Service Confirmation Form****Applicant's Form Identifier:****Form 486 Number:** 778922**Security Code:** 18488

Please record your Form 486 Number and Security Code.
You will need this information if you wish to exit and then
return later to this online Form 486 application.

[Save & Exit](#)[< Previous](#)[Next >](#)

[SLD Home](#) | [Contact Us](#)

Client Service Bureau: 1-888-203-8100

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FCC Form 486	Do Not Write in this Area	Approval by OMB 3060-0853 Estimated time per response: 1.5 hours
Schools and Libraries Universal Service Receipt of Service Confirmation Form		
To be completed by the Billed Entity Please read instructions before completing.		
(You can also file online at www.usac.org/sl)		
Applicant's Form Identifier (Create your own code to identify THIS Form 486)	Form 486 Application#: 778922 (To be assigned by administrator)	
Block 1: Billed Entity Information		
1. Name of Billed Entity PREBLE SHAWNEE SCHOOL DISTRICT		
2. Billed Entity Number 129908	3. Funding Year July 1, 2008 through June 30, 2009	
4. Complete Mailing Address of Billed Entity Street Address, P.O. Box, or Route Number 124 BLOOMFIELD ST		
City CAMDEN State OH Zip Code 45311 - 1154		
Telephone Number 937-452-1284 Extension	Fax Number 937-452-3926	
5. Contact Person Information Contact Person Name Mollie Hansel		
Street Address, P.O. Box or Route Number 124 Bloomfield Street		
City Camden		
State OH Zip Code 45311 -		
Check the box next to the preferred mode of contact. (At least one box MUST be checked.)		
<input type="checkbox"/> Telephone Number 937-452-1284 Extension	<input type="checkbox"/> Fax Number 937-452-3926	
<input checked="" type="checkbox"/> Email Address hanselm@preble-shawnee.k12.oh.us		



0486010103

Entity Number	129908	Applicant's Form Identifier	
Contact Person	Mollie Hansel	Phone Number	937-452-1284
Block 2: Early Filing Information and CIPA Waiver Requests			
6a. Early Filing			
CHECK THE BOX BELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING ON OR BEFORE JULY 31 OF THE FUNDING YEAR.			
<input type="checkbox"/> The Funding Requests listed in Block 3 have been approved by USAC as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year.			
Remember: Early filing using Item 6a is an option if and ONLY if services will start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before July 31 of the Funding Year.			
6b. CIPA Waiver			
CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.			
<input type="checkbox"/> I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year after April 20, 2001 in which they apply for discounts.			
6c. CIPA Waiver for Libraries for Funding Year 2004			
CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR FUNDING YEAR 2004 IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY FOR THE LIBRARY(IES) REPRESENTED ON THIS FORM 486.			
<input type="checkbox"/> I am providing notification that, as of the date of the start of discounted services in Funding Year 2004, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Funding Year 2005.			



0486010203

Entity Number	129908	Applicant's Form Identifier	
Contact Person	Mollie Hansel	Phone Number	937-452-1284

Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named service provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.

Remember: The FRNs listed below must be from the same Funding Year as is listed in Block 1, Item 3. If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here:

Page

3

(A) 471 Application Number From FCDL	(B) Funding Request Number (FRN) From FCDL	(C) Service Provider Identification Number (SPIN) From FCDL	(D) Service Provider Name From FCDL	(E) Funding Year Service Start Date (Earliest Date that Discounted Services Will Begin)
635052	1756578	143000677	Verizon Wireless	7/1/2008



0486010303

Entity Number	129908	Applicant's Form Identifier	
Contact Person	Mollie Hansel	Phone Number	937-452-1284
Block 4: Certifications and Signature			
8.	<input checked="" type="checkbox"/>	I certify that the entity(ies) receiving discounted services as indicated on this Form 486 are covered by technology plan(s) that have been approved by a state or other authorized body ? a USAC-certified technology plan approver ? prior to the commencement of service and that cover all 12 months of the funding year. If applicable, provide the name(s) of the organization(s) that approved a technology plan for any eligible entity that is receiving services covered under this Form 486. If EVERY FRN listed in the Form 486 is for basic telephone service only, enter "NONE" here.	
None			
9.	<input checked="" type="checkbox"/>	I certify that the services listed on this Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this Form 486 except for those services provided on a tariff or month-to-month basis. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity; that I have examined this request; and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.	
10.	<input checked="" type="checkbox"/>	I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years any and all records, including Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.	
NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11: A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only ONE item. If the Billed Entity is not the Administrative Authority, skip to Item 11d. A Billed Entity who represents one or more Administrative Authorities must check Item 11d or 11e. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.") A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 2001 and who checks Item 11d must check Item 11f or 11g. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")			
IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 2001 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.			



0486010403

Entity Number	129908	Applicant's Form Identifier	
Contact Person	Mollie Hansel	Phone Number	937-452-1284

11. FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:

I certify that as of the date of the start of discounted services:

- a. ☐ the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).
- b. ☐ pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486:

(FOR SCHOOLS and FOR LIBRARIES IN THE FIRST FUNDING YEAR FOR PURPOSES OF CIPA) is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.

(FOR FUNDING YEAR 2003 ONLY: FOR LIBRARIES IN THE SECOND OR THIRD FUNDING YEAR FOR PURPOSES OF CIPA) is (are) in compliance with the requirements of CIPA under 47 U.S.C. § 254(l) and undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA under 47 U.S.C. § 254(h) for the next funding year.

- c. ☒ the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) receiving discount services only for telecommunications services.

FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES

- d. ☐ I certify as the Billed Entity for the consortium that I have collected duly completed and signed Forms 479 from all eligible members of the consortium.
- e. ☐ I certify as the Billed Entity for the consortium that the only services that have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

For Funding Years after Funding Year 2001: If you checked Item 11d above, check ONE of the boxes below:

- f. ☐ I certify that some or all of the eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver, and upon request from the Administrator I can provide this information; OR
- g. ☐ I certify that no eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver.

The certification language above is not intended to fully set forth or explain all the requirements of the statute.

¹ See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities."

The certification language above is not intended to fully set forth or explain all the requirements of the statute.



0486010503

FCC Form
486

Do Not Write In This Area

Entity Number	129908	Applicant's Form Identifier
Contact Person	Mollie Hansel	Phone Number 937-452-1284

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

12. Signature of authorized person

13. Date

14. Printed name of authorized person

Dale Robertson

15. Title or position of authorized person

Superintendent

16a. Street Address, P.O. Box, or Route Number

124 Bloomfield Street

City

Camden

State OH

Zip Code 45311 -

16b. Telephone number of authorized person

Extension

16c. Fax number of authorized person

937-452-1284

937-452-3926

16d. Email address of authorized person

psuu_dr@swoca.net



0486010603

Entity Number	129908	Applicant's Form Identifier	
Contact Person	Mollie Hansel	Phone Number	937-452-1284

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0853), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0853.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Please submit this form to:

SLD Form 486
P. O. Box 7026
Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, send this form to:

SLD Forms
ATTN: SLD Form 486
3833 Greenway Drive
Lawrence, Kansas 66046
888-203-8100



0486010703

Applicant's Form Identifier:

Entity Number: 129908

Contact Person: Mollie Hansel

Phone Number: (937) 452-1284

Certifications and Signature**486 Application Number: 778922**

1. I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurements of services for which support is being sought.
2. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
3. I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
4. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service receive an appropriate share of benefits from those services.
5. I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.
6. I certify that I am authorized to submit this request on behalf of the above-named institution, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

7. PIN: CERT ID = 627806

8. Date 8/2/2010

8. Printed name of authorized person Dale Robertson

9. Title or position of authorized person Superintendent

10a. Street Address, P.O Box or Route Number 124 Bloomfield Street
Camden, OH 45311

10b. Telephone number of authorized person (937) 452 - 1284

10c. Fax number of authorized person: (937) 452-3926

10d. E-mail of authorized person: psuu_dr@swoca.net

ATTENTION: If you are signing Form 486 using the PIN assigned to you by SLD, you are reminded that using the PIN is equivalent to your handwritten signature on the form. Your use of the PIN to affirm these certifications means that should they prove untrue, you will be held to the same enforcement standards as those who affirm the certifications on paper. Also, by using the PIN, you are affirming that you have the authority to make these certifications and represent the entity featured in Block One of this funding request.

Please Check to affirm your compliance ☒

486 Application Number: 778922
PREBLE SHAWNEE SCHOOL DISTRICT
124 BLOOMFIELD ST
CAMDEN , OH 45311 -1154

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C.Secs. 502, 503(b), or fine or imprisonment under Title

18 of the United States Code, 18 U.S.C. Sec. 1001.

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communication Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 486) with the Universal Service Administrator. 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation of potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized.

With the exception of your social security number, if you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

Please retain a copy of this page and submit a copy with any communications to the SLD.

Done

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Schools and Libraries Division



FR 02 CE 486

FRN
807013

Form 486 - Application Number and Security Code

Billed Entity Number: 50093 Billed Entity Name: CAMDEN ELEMENTARY SCHOOL

Form 486 Application Number: 803069

Form 486 Security Code: 13310

IMPORTANT: PLEASE RECORD YOUR FORM 486 APPLICATION NUMBER AND SECURITY CODE. IF YOU EXIT BEFORE COMPLETING THIS INTERVIEW, YOU WILL NEED THESE TWO NUMBERS TO RETURN TO THIS INTERVIEW.

Continues

[SLD Home](#) | Client Service Bureau: 1-888-203-8100

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0486010103

Entity Number	50093	Applicant's Form Identifier	FR02CE486
Contact Person	Mindy Marik	Phone Number	937-787-3541
Block 2: Early Filing Information and CIPA Waiver Requests			
6a. Early Filing			
CHECK THE BOX BELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING ON OR BEFORE JULY 31 OF THE FUNDING YEAR.			
<input type="checkbox"/> The Funding Requests listed in Block 3 have been approved by USAC as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year.			
Remember: Early filing using Item 6a is an option if and ONLY if services will start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before July 31 of the Funding Year.			
6b. CIPA Waiver			
CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.			
<input type="checkbox"/> I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (i), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year after April 20, 2001 in which they apply for discounts.			
6c. CIPA Waiver for Libraries for Funding Year 2004			
CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR FUNDING YEAR 2004 IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY FOR THE LIBRARY(IES) REPRESENTED ON THIS FORM 486.			
<input type="checkbox"/> I am providing notification that, as of the date of the start of discounted services in Funding Year 2004, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (i), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Funding Year 2005.			



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